

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
|------------|-------------|
| Serial No. | Filing Date |
| Applicant | |

10/56812D

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|----------------|----------|------|------------------------|------|------------------------|------|-----|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | | | |
| 2 | | | | | | | 52 | | | | | | |
| 3 | | | | | | | 53 | | | | | | |
| 4 | | | | | | | 54 | | | | | | |
| 5 | | | | | | | 55 | | | | | | |
| 6 | | | | | | | 56 | | | | | | |
| 7 | | | | | | | 57 | | | | | | |
| 8 | | | | | | | 58 | | | | | | |
| 9 | | | | | | | 59 | | | | | | |
| 10 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | 61 | | | | | | |
| 12 | | | | | | | 62 | | | | | | |
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| 14 | | | | | | | 64 | | | | | | |
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| 18 | | | | | | | 68 | | | | | | |
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| 24 | | | | | | | 74 | | | | | | |
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| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
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| 37 | | | | | | | 87 | | | | | | |
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| 42 | | | | | | | 92 | | | | | | |
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| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
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| 50 | | | | | | | 100 | | | | | | |
| TOTAL REQ. | | | ↓ | 2 | ↓ | ↓ | | | | | | | |
| TOTAL OCT. | | | ← | 1 | ← | ← | | | | | | | |
| TOTAL CLAMS | | | (3) | | | | | | | | | | |

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